

Training Unemployment Insurance (TUI)



Date:

CID:

To apply for the TUI Program, follow these steps:

1. Complete the Training UI Application:
Section 1 to be completed by claimant
Section 2 to be verified and signed by the training institution representative
When the application is completed, dated, and signed, send all the sections to the UI Special Programs Center by email: at OED_TUI@oregon.gov or by fax at: 503-974-1335
2. Contact the UI Training Programs Unit at 503-947-1800 or 800-436-6191 if you have any questions or need assistance.
3. You must remain able, available, and actively seeking work until approved training begins.
4. Failure to complete the application in its entirety may cause a delay or denial of TUI benefits.
5. Any weeks claimed prior to approval of this application are subject to adjudication and possible denial of benefits.

**Contact the Special Programs Center at 503-947-1800 or 800-436-6191
if you have any questions pertaining to the TUI Program.**

Note: To be eligible for Unemployment Insurance (UI), you must continue to be able, available, and actively seeking work until you are notified by the Special Programs Center that you are approved for the TUI Program.

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please go to unemployment.oregon.gov and click on Contact Us or call us at 877-345-3484. TTY users call 711.



Training UI Application

1. To be completed by applicant

Last Name:	First Name:	MI:	SSN:
Applicant's Mailing Address (Street or PO Box):			
City:	State:	Zip:	
Email:			

- A. Name of Training Facility or Institution: _____
- B. Starting date of training (month/day/year): _____
- C. Occupation goal for this training? _____
- D. Is your program of instruction intended to lead to a higher degree? ☐ Yes ☐ No
1. If yes, mark one: ☐ Bachelor's ☐ Master's ☐ Doctorate
2. How many credits are needed to complete the program? _____
- E. Will you be a full-time student? ☐ Yes ☐ No

Please initial the following statements:

- ☐ I certify the above information is true and accurate to the best of my knowledge.
- ☐ I understand that I may run out of unemployment insurance benefits before the ending date of my training.
I am financially prepared to complete my training if this occurs.
- ☐ I authorize the Oregon Employment Department, WIOA Title 1-B providers and training providers to share information necessary for the facilitation and administration of my training.
- ☐ I understand that eligibility for TUI is not retroactive for weeks of school attendance prior to date of approval.
Eligibility for regular unemployment insurance for any week prior to approval requires that an individual be able to work, available to work, and actively seeking work for that week.

Applicant's Signature:	Date:
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2. To be completed or verified by training facility staff

Section 2 must be completed for this application to be considered. Submitting with incomplete information will result in a delay or denial of benefits.

Training Facility Name:	Phone:
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Mailing Address (Street or PO Box):

City:	State:	Zip:
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A. In what program of instruction is the applicant enrolled?

B. Is the applicant considered a full-time student? ☐ Yes ☐ No

C. Number of classroom hours scheduled weekly?

D. Is the program intended to lead to a higher degree? ☐ Yes ☐ No

1. If yes, mark one: ☐ Bachelor's ☐ Master's ☐ Doctorate

2. How many credits are needed to complete the program?

E. Does the applicant have the aptitude to complete the program? ☐ Yes ☐ No

What are the training dates (MM/DD/YY)?

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

I certify that the information in Section 2 is true and accurate to the best of my knowledge.

Training Facility Authorized Representative (Printed):	Position Title:
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Training Facility Authorized Representative:	Date:
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Space for any additional information applicant wishes to provide.